

ARIZONA DEPARTMENT OF HEALTH SERVICES DIVISION OF BEHAVIORAL HEALTH SERVICES DIVISION DOCUMENT REVISION NOTICE

The Arizona Department of Health Services/Division of Behavioral Health Services has revised the below referenced document(s), indicated by **BOLD** print and the symbol **[X]**. The attached memorandum includes a detailed description of the changes impacting the selected document(s). The revised document(s) will be posted to the ADHS/DBHS website on or around January 20, 2006. Please direct any questions regarding this Division document revision notice to Stewart McKenzie at (602) 364-4655 or via electronic mail at mckenzs@azdhs.gov.

DIVISION DOCUMENT	ADHS/DBHS PROVIDER MANUAL	ADHS/DBHS POLICY AND PROCEDURES MANUAL	ADHS/DBHS PROGRAM SUPPORT PROCEDURES MANUAL	ADHS/DBHS COVERED BEHAVIORAL HEALTH SERVICES GUIDE
REVISION [X]				[X]
DIVISION DOCUMENT	CLIENT INFORMATION SYSTEM (CIS) FILE LAYOUT AND SPECIFICATIONS MANUAL	OFFICE OF GRIEVANCE AND APPEALS DATABASE MANUAL	ADHS ACCOUNTING AND AUDITING PROCEDURES MANUAL	FINANCIAL REPORTING GUIDE FOR REGIONAL BEHAVIORAL HEALTH AUTHORITIES
REVISION [X]				
DIVISION DOCUMENT	ADHS/DBHS QUALITY MANAGEMENT/UTILIZATION MANAGEMENT PLAN	ADHS/DBHS PREVENTION FRAMEWORK FOR BEHAVIORAL HEALTH	AHCCCS MEDICAL POLICY MANUAL-CHAPTERS 900 AND 1000	ADHS/DBHS STRATEGIC PLAN
REVISION [X]				
DIVISION DOCUMENT	ADHS/DBHS CULTURAL COMPETENCE PLAN	ADHS/DBHS CLINICAL GUIDANCE DOCUMENTS	TITLE XIX CHILDREN'S BEHAVIORAL HEALTH ANNUAL ACTION PLAN	
REVISION [X]				

**Arizona Department of Health Services
Division of Behavioral Health Services
Memorandum**

Date: January 19, 2006
To: Stakeholders
From: Jennifer Vehonsky, Chief, Policy Office
Re: **Final Changes to the ADHS/DBHS Covered Behavioral Health Services Guide**

The following is a summary of the final revisions to the ADHS/DBHS Covered Behavioral Health Services Guide, Version 5.7, which became effective January 1, 2006, and will be posted to the ADHS/DBHS website on or around January 20, 2006. Please note that the Memorandum distributed on December 14, 2005, included **PROPOSED** changes to the guide. The changes described in this Memorandum represent the **FINAL** changes that are to be implemented by Tribal and Regional Behavioral Health Authorities and their contracted behavioral health providers.

Table of Contents

The Table of Contents has been updated to reflect current section titles. Section II.A.2 (Assessment, Evaluation and Screening Services) was added and Section II.D.9 (Non-Medically Necessary Covered Services) was updated.

REPLACE PAGES 2 and 3

General

1. Introduction – Language has been added concerning the implementation of Medicare Part D effective January 1, 2006.

REPLACE PAGES old page 7 with new pages 7 and 8

Section I. F. 3. Modifiers

1. Added the new modifier HW (Funded by State Mental Health Agency) to allow for the payment of Medicare Part D premiums beginning January 1, 2006.

REPLACE PAGE old page 17 with new page 18

Section II. A. 2. Assessment, Evaluation and Screening Services

1. Effective January 1, 2006, certain CPT psychological and neuropsychological testing codes have been replaced with an expanded set of codes. The existing codes will not be accepted for dates of service after December 31, 2005. New code numbers will replace the existing CPT code numbers 96100, 96117, and 96115 for psychological testing, neuropsychological testing and the neurobehavioral status exam. The revised psychological and neuropsychological testing codes will now reflect who does the testing: a psychologist, a technician or a computer. The neurobehavioral status exam,

which is typically not administered by a technician or a computer, will be replaced by a single new code.

Psychological testing, interpretation and reporting, currently coded as 96100, will be replaced by:

- 96101, for psychological testing, interpretation and reporting per hour by a psychologist
- 96102, for psychological testing per hour by a technician
- 96103, for psychological testing by a computer, including time for the psychologist's interpretation and reporting.

Neuropsychological testing, currently coded as 96117, will be replaced by:

- 96118, for neuropsychological testing, interpretation and reporting per hour by a psychologist
- 96119, for neuropsychological testing per hour by a technician
- 96120, for neuropsychological testing by a computer, including time for the psychologist's interpretation and reporting.

The neurobehavioral status exam, currently coded as 96115, will be coded as 96116. There is only a single code reflecting the psychologist's work in administering the exam, which is typically not administered by a technician or a computer.

The new codes are published in Current Procedural Terminology (CPT) 2006.

2. Codes 99271, 99272, 99273, 99274 and 99275 were end dated effective 12/31/05.
3. Codes 99301, 99302 and 99303 were replaced with codes 99304, 99305 and 99306.
4. Codes 99312 and 99313 were replaced with codes 99307, 99308, 99309 and 99310.
5. Code 99318 was added.

REPLACE PAGES old pages 30 through 35 with new pages 31 through 37

Section II.C.1. Medication Services

Code 90782 was replaced by code 90772.

REPLACE PAGE old page 51 with new page 53

Section II.C.2. Laboratory, Radiology and Medical Imaging

Code 86585 was deleted. To report use code 86580.

REPLACE PAGES old pages 59 and 60 with new pages 61 and 62

Section II.C.3. Medical Management

1. Codes 99301, 99302 and 99303 were replaced with codes 99304, 99305 and 99306.
2. Codes 99311, 99312 and 99313 were replaced with codes 99307, 99308, 99309 and 99310.

3. Code 99318 was added effective 1/1/06.
4. Codes 99321, 99322 and 99323 were replaced with codes 99324, 99325, 99326, 99327 and 99328.
5. Codes 99331, 99332 and 99333 were replaced with codes 99334, 99335, 99336 and 99337.

REPLACE PAGES old pages 63 through 68 with new pages 65 through 71

Section II. C. 4. Electro-Convulsive Therapy

1. Revenue Codes have changed from three to four digits by adding a leading zero (0).
2. Code 90871 was deleted. To report use code 90870 already listed.

REPLACE PAGES old pages 69 and 70 with new page 72

Section II. D. 9. Non-Medically Necessary Covered Services

Added a section for code S9986 HW under State Funded HCPCS Code for the payment of Medicare Part D Premiums (Not considered use of flex funds). This code and modifier was needed to track and report payment of Medicare Part D premiums effective 1/1/06 with state only funds.

REPLACE PAGES old pages 95 and 96 with new pages 97 through 99

Section II. F. Inpatient Services

1. Revenue codes have changed from three to four digits with a leading zero (0).
2. Codes 99261, 99262 and 99263 were deleted. Codes 99307, 99308, 99309 and 99310 were added. (See also 99231-99233 already listed.)

REPLACE PAGES old pages 120 and 121 with new pages 123 through 125

Section II. F. 1. Hospital

1. Updated the revenue codes 114 through 156 to four digits with a leading zero (0).

REPLACE PAGE old page 122 with new page 126

Section II. F. 2. Subacute Facility

1. Updated the revenue codes 114 through 156 to four digits with a leading zero (0).

REPLACE PAGE old page 124 with new page 128

Section II. F. 3. Residential Treatment Center

1. Updated the revenue codes 114 through 156 and codes 183 and 189 to four digits with a leading zero (0).

REPLACE PAGES old pages 126 and 127 with new pages 130 and 131

Appendix B-2, ADHS/DBHS Allowable Procedure Code Matrix:

1. Added Max unit span of 32 to procedure codes H0046 and H0046 SE.
2. Corrected rate of H2026 to \$156.00 that was effective on 7/15/05.
3. Corrected rate on J1200 to .88 that was effective on 8/1/05.
4. Corrected rate on T1020 to \$234.00 that was effective on 7/15/05.
5. Changed Revenue Codes to four digits (leading zero).
6. Added Place of Service (POS) 12 to 90875 and 90876.
7. Updated FFS rate to \$2.98 for procedure J1630.
8. Updated FFS rate to \$5.34 for procedure T1019.
9. Added Place of Service (POS) 04 and 20 to 90875.
10. End dated the following codes: 86585, 90782, 90871, 96100, 96115, 96117, 99261, 99262, 99263, 99271, 99272, 99273, 99274, 99275, 99301, 99302, 99303, 99311, 99312, 99313, 99321, 99322, 99323, 99331, 99332 and 99333 effective 12/31/05.
11. Added 99304, 99305 and 99306 to replace 99301, 99302 and 99303.
12. Added 99307, 99308, 99309 and 99310 to replace 99311, 99312 and 99313.
13. Added code 99318 effective 1/1/06.
14. Added 99324, 99325, 99326, 99327 and 99328 to replace 99321, 99322 and 99323.
15. Added 99334, 99335, 99336 and 99337 to replace 99331, 99332 and 99333.
16. Updated description only on 90870 to reflect "single seizure" removed from description.
17. Added S9986 HW to report Medicare Part D premiums.

REPLACE APPENDIX B-2

For persons maintaining a hard copy of the ADHS/DBHS Covered Behavioral Health Services Guide:

Summary of Replacement Appendices and Page Numbers

Section	Replace
Covered Services Guide	Entire Guide pages 1 through 169
Appendix B-2	Entire Appendix